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Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

In rè application of:

Toshimnasa TANAKA et al. Serial No.: 10/734,834

Confirmation No.:

Filed: December 12, 2003

DRIVER FOR DRIVING A LOAD USING A CHARGE

PUMP CIRCUIT

Mail Stop PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a preliminary amendment in the above-identified ap

 \boxtimes No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBE PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA*	LG/S \$ ENTITY			D'L
TOTAL CLAIMS FEE	10	-	15	**	0	LG=\$50 SM=\$25	\$[FEE]	\$	0
INDEPENDENT CLAIMS FEE	2	-	2	***	0	LG=\$200 SM=\$100	\$[FEE]	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$ [F	EE)
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS							\$ (F	FEE)	
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

A check in the amount of \$	0_	to cover the additional claims fee is enclosed.	A copy of this sheet is
enclosed.			

A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

 \boxtimes The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

 \boxtimes Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Ø Any patent application processing fees under 37 C.F.R. § 1.17

Date: February 18, 2005

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071

Telephone: 213 337-6700 Facsimile: 213 337-6701

Respectfully submitted, HOGAN& HARTSON L.L.P.

> Dariush G. Adli Registration No. 51,386

Attorney for Applicant(s)

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM	IS	_		E ENTITY FEE L ENTITY FEE		\$ (F	EE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS							\$ (F	EE)	
							TOTAL	\$	0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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	A check in the amount of \$	to	cover the additional claims fee is en	iclosed. A	a copy of this she	et is
	enclosed.					
П	A check in the amount of \$	0	to cover the extension fee is enclo	osed. A	copy of this she	et is

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Registration No. 51,386 Attorney for Applicant(s)